02796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: ORCHARDALE ~~Cherry Chase~~
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? @ 2 years

Hospital, institution, or street address where death occurred:
5330 SHERRILL AVE.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: MONTGOMERY

City or town: ORCHARDALE ~~Cherry Chase~~
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5330 SHERRILL AVE.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME
AHERN, Zelina FLORENCE.

3. (b) Social Security Number
—

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6.(b) Name of husband or wife: JOHN E. AHERN

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): DECEMBER 26, 1860

8. AGE:

Years	Months	Days	If less than one day
88	2	16	..... hrs. ..... min.

9. Birthplace: St. LOUIS, MISSOURI
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: MATTHEW LEG
13. Birthplace: FRANKFORT, Ky.

MOTHER
14. Maiden name: ZELINA E. GUILBERTH
15. Birthplace: St. LOUIS, MISSOURI

16. Informant: MISS ZELINA AHERN

Address: 5330 - SHERRILL AVE. CH. CH. 15, MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: MARCH 14, 1949 (month) (day) (year)

Cemetery or crematory: Mt. St. MARYS

Location: KANSAS CITY, MISSOURI

18. Funeral director: James T. Ryan Inc.

Address: 317 Pa. Ave. S.E.

19. 3-10-49 19 (Date rec'd by registrar) W E Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10, 1949, at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1946, to March 10 1949 and that I last saw her alive on March 9, 1949

Immediate cause of death: Pulmonary Congestion and Edema — DURATION: 2 Week

Due to: Cerebral Arteriosclerosis — over 3 years

Due to: 324/97

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: not DONE

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Frank S Bacon M.D. (M. D. or other)

Address: 1150 - Conn. Ave. N.W. Date signed: 3-10-49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02797

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mon. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poolesville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Philip (Middle) George (Last) BARNES

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-17-09

9. AGE last birthday: 39 yrs. If under 1 year: Months 10 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Binder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: BARNES, George

14. MOTHER'S MAIDEN NAME: THOMPSON, Mildred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Helen J. Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Aspiration Pneumonia

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1949, to March 2, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 2:05 P m., from the causes and on the date stated above.

SIGNATURE: Wm. W. Miller Jr. — (Degree or title) Wm. W. MILLER, Jr., Lt MSC USN — ADDRESS: US Naval Hospital, Bethesda, Md. — DATE SIGNED: 3-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: 3-4-49 — NAME OF CEMETERY OR CREMATORY: Lee Funeral Home — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 3-2-49 — REGISTRAR'S SIGNATURE: Mary E. Patterson

24. FUNERAL DIRECTOR: Robert Snowden — ADDRESS: 246 N Wash., St. Rockville, Md.

C, A 2

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02798

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home	STREET ADDRESS (If rural give location): 307 W. Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRIET (Middle) G. (Last) BASTABLE

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Jan. 16, 1877	72 yrs.	1	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Montg. Co. Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles G. Griffith	Caroline V. Hemstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give wnr or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs Frank Davis (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
225 Immediate cause	(a) Multiple Myeloma	6 months
Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Heart Disease	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept 1948	Bone Marrow Proved Myeloma	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to 9 Mar, 1949, that I last saw the deceased alive on 9 Mar, 1949, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W S Murphy	MD	Rockville Md	10 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/49	Monocacy Cemetery	Beallsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-11-49	E P Thompson	Lewis A. Lumpkin	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02799

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 1 mon. 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1408 Crittenden St., NW, Wash., D.C.

3. NAME OF DECEASED (Type or Print): (First) Louis; (Middle) Harold; (Last) Belote

4. DATE OF DEATH: (Month) 3; (Day) 11; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-24-90

9. AGE last birthday: 58 yrs. If under 1 year: Months 8; Days 17; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Belote

14. MOTHER'S MAIDEN NAME: Minnie Kilmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes; (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Lola Belote

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

029 Immediate cause (a) Valvular Heart Disease, Aortic Insufficiency — Interval Between Onset and Death: 6 mos

30g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease, Arteriosclerotic — 6 mos

(c) Syphilis — 31 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1949, to March 11, 1949 that I last saw the deceased alive on March 11, 1949 and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE John W. Flynn (Degree or title) ADDRESS DATE SIGNED

John W. FLYNN, Lt (jg) (MC) USN, US Naval Hospital, Bethesda, Md. 3-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 3-15-49; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 3-11-49; REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR: W.W. Chambers; ADDRESS: 1400 Chapin St.

L.C.S.

RECEIVED
MAR 15 1949
BUREAU

Evidence for change of day of death & addition of year, is on

FILM No. G 11 MAR 18 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02800

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1930 Columbia Road ✓

3. NAME OF DECEASED (Type or Print): (First) Sol (Middle) (Last) BLOOM

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3-9-70

9. AGE last birthday: 78 yrs. If under 1 year: Months 11 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Congressman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: BLOOM, Gerson, Poland Dec.

14. MOTHER'S MAIDEN NAME: BENNETT, Sara, Poland Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: daughter: Miss Vera Bloom

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Thrombosis, Coronary Artery

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1949, to March 7, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. R. Lang Captain MC USN, US Naval Hospital, Bethesda, Md. 3-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): removal

DATE THEREOF: 3-8-49

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): New York

DATE REC'D BY LOCAL REG. 3-8-49

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: Bernard Danzansky, 3501 14th St., N.W. Wash., D.C.

H K Brawner

RECEIVED
1949
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02801

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 901 Lewis Ave.

3. NAME OF DECEASED (Type or Print): (First) Gail (Middle) Virginia (Last) Bovey

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2-8-26

9. AGE last birthday: 23 yrs. — If under 1 year: Months 1, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James S. Bovey

14. MOTHER'S MAIDEN NAME: Mildred Gluck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother: Mrs. James S. Bovey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Uremia

592 Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Chronic Glomerulo Nephritis

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1949, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE: H. R. COOPER — (Degree or title): Lt MC USN — ADDRESS: US Naval Hospital, Bethesda, Md. — DATE SIGNED: 3-19-49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 3-22-49 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REG.: 3-19-49 — REGISTRAR'S SIGNATURE: Mary E. Patterson

24. FUNERAL DIRECTOR ADDRESS: WM. REUBEN PUMPHREY, 300 W. Montgomery Ave. Rockville, Md.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02802

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San'v Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 9308 Walden Rd.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ellen (Last) Bradburn

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Amer., white

7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 22, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	13 days.
Antecedent cause(s)	1) Chronic Cholecystitis	9 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	2) Chronic Passive Congestion	2 weeks.
	(b) Chronic Passive Congestion	
	(c)	

585

127a

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 MARCH, 1949, to 18 MARCH, 1949, that I last saw the deceased alive on 18 MARCH, 1949, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE: George N. Schuetz (Degree or title) M.D ADDRESS 9514 Colesville Road, Silver Spring, Md. DATE SIGNED 3-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 21 1949 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county): Baltimore Co. (State): Md.

DATE REC'D BY LOCAL REG.: 3/21/49 | REGISTRAR'S SIGNATURE: J. Wilma Dodd

24. FUNERAL DIRECTOR: Warners & Pumphrey Inc. ADDRESS: Silver Spring Md.

MAR 21 1949

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02863

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1832 Biltmore St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Claude (Middle) (Last) BRINKER
4. DATE OF DEATH (Month) March (Day) 3 (Year) 1949
5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3-28-97
9. AGE last birthday 51 yrs. If under 1 year Months 11 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Lithographer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) W.Va.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME BRINKER, Elmer E.
14. MOTHER'S MAIDEN NAME McCarty, Nancy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT wife: Mrs. Merle Brinker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction

94a (c) Coronary Arteriosclerotic/Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1949, to March 3, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at 10:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D.E. Billman Hes
D.E.BILLMAN, Lt MSE USN, US Naval Hospital, Bethesda, Md. 3-4-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 3-7-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 3-4-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS, 1400 Chapin St., N.W. Wash., D.C.

J.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 8 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02804

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Releigh
STREET ADDRESS (If rural, give location) 929 Holt Drive ✓

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Melville (Last) BROUGHTON
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11-17-88
9. AGE last birthday 60 yrs. If under 1 year Months 3 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME BROUGHTON, ?
14. MOTHER'S MAIDEN NAME Sallie H. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wardman Park Hotel, Wash., D.C. wife: Mrs. Joseph M. Broughton,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	?
	(c)	

416
95b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Def Med 19 Exam case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:39 A m., from the causes and on the date stated above.

SIGNATURE Frank J. Bronhart M.D. (Degree or title) Def Med Exam. ADDRESS Gaithersburg Md DATE SIGNED 3-6-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Mt. Lawn Memorial Park ✓
LOCATION (City, town, or county) (State) Raleigh, N. C.

DATE REC'D BY LOCAL REG. 3-6-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR Joseph Gawlers & Sons 1756 Pa. Ave. Wash., D.C. ADDRESS

Jos Gawlerson WPS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02805

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Barron St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 100 Barron St.

3. NAME OF DECEASED (Type or Print): (First) MR Henry (Middle) Sewall (Last) BROWN

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/21/1887

9. AGE last birthday: 62 yrs. If under 1 year: Months 1 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: So. Car. Elec Co

11. BIRTHPLACE (State or foreign country): Milwaukee, Wisc.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Brown

14. MOTHER'S MAIDEN NAME: Ella M. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Grace C. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Massive Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

420.1

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (See back of page), 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:24 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dean H. Harding M.D. ADDRESS 113 Carroll St. NW D.C. DATE SIGNED 3-1-49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE 3/4/49 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cem. | LOCATION (City, town, or county) (State): Wash. D.C.

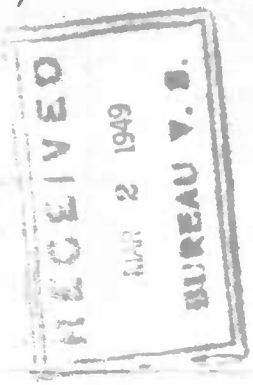
DATE REC'D BY LOCAL REG. 3/1/49 | REGISTRAR'S SIGNATURE J Milton Dodd

24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS 2901-14th St. NW Wash. D.C.

Dr. Brochard, Montgomery County, Md. advised by telephone, and he stated that he would approve as the patient had been seen 1½ days previously by his regular physician DeVoe K. Meade M.D., Washington Sanitarium, Takoma Park Md., who had been treating patient for heart disease.

3-1-49

Dean H. Harding M.D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02806

CERTIFICATE OF DEATH

Reg. Dist. No. 313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville · LENGTH OF STAY (In this place): 4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home	STREET ADDRESS (If rural give location): RFD #2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUSSIE	FLORA	BUTT	March	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Sept. 22, 1886	62 yrs.	5	25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	xx	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Slater	Flora Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
XX	XX	XXX	Jesse Butt--Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years
	(c) Carcinoma of Cecum	6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1948, to 17 Mar, 1949, that I last saw the deceased alive on 10 Mar, 1949, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W E Murphy MD		Rockville Md	17 March 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 19/49	Columbia Gardens, Va.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-17-49	E R Thompson	Robert R. Humphrey	Bethesda, Md.

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MAR 19 1949
BUREAU T. S.

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2807

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (in this place) 11 hrs 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 939 H St. N W

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Cason
4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3-13-49
9. AGE last birthday ___ yrs. If under 1 year Months ___ Days ___ If under 24 hrs. Hours 11 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bill Sloane
14. MOTHER'S MAIDEN NAME Estelle Mae Cason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5 Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 1 day

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 3-13, 1949, that I last saw the deceased alive on 3-13, 1949 and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Julian M. Howe (Degree or title) ADDRESS 901-20th N.W. Dc. DATE SIGNED 3-14-49

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) DATE 3-14-49 NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hospital LOCATION (City, town, or county) Takoma Park Montgomery (State) Md

DATE REC'D BY LOCAL REG. 3/14/49 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS

Written permission received from parent William H. Hyatt Medical Record Librarian

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02808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indianhead Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland	STREET ADDRESS (If rural, give location) 4 Teasdale Road, Indianhead, Md.

3. NAME OF DECEASED (Type or Print)	(First) Winfree	(Middle) (n)	(Last) Chaney	4. DATE OF DEATH	(Month) 3	(Day) 11	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 10-7-98	9. AGE last birthday 50 yrs.	If under 1 year Months 5	Days 4	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1st. LT., USMC	10b. KIND OF BUSINESS OR INDUSTRY USMC	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME Ernest Chaney	14. MOTHER'S MAIDEN NAME Verna Winfree						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) world war I&II	16. SOCIAL SECURITY NO.	17. INFORMANT wife: Mrs. Helen Chaney					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis, recent with acute myocardial failure	15 min.
904.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a	(b) Basilar Fracture of skull	15 min
	(c) Generalized and Coronary Arteriosclerosis	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	PLACE OF INJURY (Home, farm, factory, street, ~~office bldg.~~, etc.) sup.	(CITY OR TOWN) Bethesda	(COUNTY) Montgomery	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-49 12:25a.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell in bathroom		

22. I hereby certify that I attended the deceased from March 8, 1949, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M S Madison M. S. MADISON, Jr.	LT(jg) USNR	US Naval Hospital, Bethesda, Md.	3-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-16-49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 3-11-49	REGISTRAR'S SIGNATURE Mary C. Patterson	24. FUNERAL DIRECTOR W.W. Chambers	ADDRESS 1400 Chapin St., Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02809

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 14 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital	STREET ADDRESS (If rural, give location) 10 Government Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Edson	(Last) CLARK	4. DATE OF DEATH	(Month) March	(Day) 18	(Year) 1949
5. SEX male	6. COLOR OR RACE W-US	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 3-22-76	9. AGE last birthday 72 yrs.	If under 1 year Months 11	Days 26	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Navy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maine	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME CLARK, William		14. MOTHER'S MAIDEN NAME SAUNDERS, Elizabeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW1	16. SOCIAL SECURITY NO.	17. INFORMANT wife: Mrs. Mary Clark	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure - post operative shock	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the esophagus	10 weeks
	(c)	

150

46a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-17-49	19b. MAJOR FINDINGS OF OPERATION Ca of Esophagus c metastases c regional nodes	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1949, to March 18, 1949, that I last saw the deceased alive on March 18, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE W. J. Champion (Degree or title) ADDRESS DATE SIGNED

Wm. J. CHAMPION, Lt JG MC USN, US Naval Hospital, Bethesda, Md. 3-18-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 3-23-49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. Mary C 3-18-49	REGISTRAR'S SIGNATURE Mary C. Patterson Mary C. Patterson	24. FUNERAL DIRECTOR W. W. Chambers	ADDRESS 1400 Chapin N.W.

OAP.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02810

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 2 mons. 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belmont; STREET ADDRESS (If rural, give location) 556 Trapelo Road ✓

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) S. (Last) CONNEARNEY

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-14-90

9. AGE last birthday: 58 yrs. If under 1 year: Months 3 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: CONNEARNEY, Thomas F.

14. MOTHER'S MAIDEN NAME: ~~XX~~ CAMBELL, Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT: cousin, Mrs Ethel Quinn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, descending colon c	? 2 yrs.
	(c) wide spead metastasis.	

153
46e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1949, to March 14, 1949, that I last saw the deceased alive on March 14, 1949, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE J. H. Young (Degree or title) ADDRESS DATE SIGNED

J. H. YOUNG, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY: Belmont Cemetery

LOCATION (City, town, or county) (State): Belmont, Mass.

DATE REC'D BY LOCAL REG. 3-14-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS, 1400 Chapin St., N.W. Wash., D.C.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02811

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 1 F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring. | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Dale Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural, give location) 1407 Dale Drive.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Stone. (Last) Cotter

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1949

5. SEX: Female.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: 18 Sept 1872.

9. AGE last birthday: 76 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rochester New York.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Stone.

14. MOTHER'S MAIDEN NAME: Harriet Angel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Daughter Mrs. Sonborn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Coronary Embolism. — Interval between onset and death: None.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterial Fibrillation, Mitral Insufficiency - Cardiac — 9 years.

92b (c) Hypertrophy - Congestive Heart failure + Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease. — ?

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 July, 1947, to March, 1949, that I last saw the deceased alive on 18 Jan, 1949, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John S. Ball — M.D. — 7936 Georgetown Rd Bethesda Md. — 8 March 49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: March 9, 1949 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Prince George Co. Md

DATE REC'D BY LOCAL REG.: Mar 8, 1949 | REGISTRAR'S SIGNATURE: Josephine M. Schaaffe

24. FUNERAL DIRECTOR | ADDRESS: Warner E. Pumphrey Inc, Silver Spring Md.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02812

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Carolina — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Saluda
STREET ADDRESS (If rural, give location) P. O. Box 39, Church Street ✓

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) Stevens (Last) Crouch

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-9-28

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Osee Crouch

14. MOTHER'S MAIDEN NAME: Annie Crouch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~Yes~~ no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: father: Mr. Osee Crouch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage subarachnoid — 3 hours

330 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Spontaneous Subarachnoid hemorrhage — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1949, to March 12, 1949 that I last saw the deceased alive on March 12, 1949, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David P. Hightower
David P. Hightower CDR (MC) USN, US Naval Hospital, Bethesda, Md. 3-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: TRAVIS PARK | LOCATION (City, town, or county): Salauda, (State): S.C.

DATE REC'D BY LOCAL REG. 3-12-49 | REGISTRAR'S SIGNATURE: Mary G. Patterson | 24. FUNERAL DIRECTOR | ADDRESS

W. W. CHAMBERS Co. 1400 Chaplin St. WashDC

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12813

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural, give location): 2252 Q Street SE ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Lincoln (Last) Davison

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-4-67

9. AGE last birthday: 82 yrs. — If under 1 year: Months 0 Days 23 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Supt. Rural mails

10b. KIND OF BUSINESS OR INDUSTRY: P.O. Dept.

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alpheus Davison

14. MOTHER'S MAIDEN NAME: Bethea Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.:

17. INFORMANT: daughter: Ione Osgood, 4801 Conn.Ave,N.W. Wash.,D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

151 **Immediate cause** (a) Carcinomatosis Abdominal — 2-3 mos.

46.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Gastric

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25 1949 to March 27, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Hanner
J. M. HANNER, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 3-27-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-29-49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 3-27-49 — REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: LEE FUNERAL HOME — ADDRESS: 4th & Mass NW WDC

E M S

RECEIVED
MAR 30 1949
BUREAU F. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02814

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna
STREET ADDRESS (If rural give location) Route #3, Box 82 M

3. NAME OF DECEASED (Type or Print) (First) Alverda (Middle) Jaspar (Last) DAWSON

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1949

5. SEX male

6. COLOR OR RACE W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 3-26-66

9. AGE last birthday 82 yrs. If under 1 year Months 11 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME DAWSON, James

14. MOTHER'S MAIDEN NAME FORD, Kate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT daughter: Mrs. Janice Moss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

605 Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nodular Hyperplasia of Prostate

(c) Perivescal abscess

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to March 21, 1949 that I last saw the deceased alive on March 21, 1949, and that death occurred at 4:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. W. Miller Jr. Jr., Lt. MC USN, US Naval Hospital, Bethesda, Md. 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 3-24-49

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 3-21-49

REGISTRAR'S SIGNATURE Mary G. Patterson

24. FUNERAL DIRECTOR ADDRESS S. H. HINES, 2901 14th St., N. W., Wash., D.C.

S. H. Hines Co. J. A. Cassell

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02815

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 da. 11 hrs. 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 103 Geneva Ave.

3. NAME OF DECEASED (Type or Print) 2 ~~(First)~~ Middle 1 ~~(Middle)~~ First (Last) Charles Robert Discon

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 2, 1885
9. AGE last birthday 63 yrs. If under 1 year Months 7 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Discon
14. MOTHER'S MAIDEN NAME Emma Tyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Augusta Discon (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchogenic carcinoma on right - right upper lobe	6 most
162 Antecedent cause(s)		
47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Stenosis of bronchi	6 weeks
	(c) Stenosis of pulmonary vessels	6 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1949, to 3-23, 1949, that I last saw the deceased alive on 3-23, 1949 and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE Ira W. Pearlman (Degree or title) M.D. ADDRESS Suburban Hospital DATE SIGNED 3-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-26-49
NAME OF CEMETERY OR CREMATORY Harmony
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 3-23-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR Morrow + Woodford ADDRESS 1622 11 St. NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

02816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) V. (Last) Duffin
4. DATE OF DEATH (Month) Mar- (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 23, 1865
9. AGE last birthday 83 yrs. If under 1 year Months 7 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Crockett
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George Duffin (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Dehydration	48 hrs
Antecedent cause(s)	Infarct of right cerebrum	10-21 days
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage of left temporal area	24-48 hrs
	(c) Cerebral sclerosis & coronary sclerosis	3+ yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Long standing hypertension & arterio-sclerosis	10+ years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1949, to 3-4, 1949, that I last saw the deceased alive on 3-4, 1949 and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE Ira W. Pearlman (Degree or title) M.D. ADDRESS Suburban Hosp. Beth. Md DATE SIGNED 3-5-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE March 8, 1949 NAME OF CEMETERY OR CREMATORY Lincoln Park. LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 3-7-49 REGISTRAR'S SIGNATURE N E Jobes
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

02817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 1012 Flower ave

3. NAME OF DECEASED (Type or Print) (First) Louisa (Middle) Margaret (Last) Eastham
4. DATE OF DEATH (Month) March (Day) 17 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3/8/1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Hoosick Falls N.Y.
12. CITIZEN OF WHAT COUNTRY? american
13. FATHER'S NAME Marshall Gray
14. MOTHER'S MAIDEN NAME Sadie McClain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr B. G. Eastham (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremic poisoning	10 days
442 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pelvic abscess, probably ruptured diverticulum	47 days
123	(c) Hypertensive cardiovascular renal disease	4 mo. +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not reinted to the disease or condition causing death. Acute salpingitis, perisalpingitis, pelvic peritonitis — 47 days.

19a. DATE OF OPERATION Feb. 9 1949
19b. MAJOR FINDINGS OF OPERATION Pelvic abscess, 500cc pus, pelvic peritonitis, salpingitis, right.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1948, to Mar. 17, 1949, that I last saw the deceased alive on Mar. 17, 1949, and that death occurred at 3 57 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace N. Mook, M.D. 805 Carroll Ave. Takoma Park, Md. 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/19/49 NAME OF CEMETERY OR CREMATORY Fairview LOCATION (City, town, or county) Culpepper (State) Va
DATE REC'D BY LOCAL REG. 3/17/49 REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS Chevy Chase Dc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02818

Reg. Dist. No. 214

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural; Silver Spring
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural give location): 31 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) FEENEY

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 17, 1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months 8 / Days 6 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired railroad employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodstock, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Patrick Feeney

14. MOTHER'S MAIDEN NAME: Catherine Clarey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John W. Feeney, son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage Cerebral Acute — Interval: 1 day

181 Antecedent cause(s)

526 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Urinary Bladder Metastasis - Sacrum — Interval: 1 yr

(c) Arteriosclerosis Generalized — Interval: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July '48

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE: V (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): X m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 3/23/49, 19..., that I last saw the deceased alive on 3/22/49, 19..., and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: DATE SIGNED: 3/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 26, 1949 — NAME OF CEMETERY OR CREMATORY: Monocacy Cemetery — LOCATION (City, town, or county) (State): Beallsville, Md.

DATE REC'D BY LOCAL REG. 3/25/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

VS. A15

RECEIVED
MAR 29 1949
BUREAU

02819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Mary
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home	STREET ADDRESS (If rural give location) 11 Woodhaven Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Albert Edward Fountain

4. DATE OF DEATH (Month) (Day) (Year): March 20 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Sept. 25, 1865	83 yrs.	5	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Retired	Farming	Middleton, Conn.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josephia Fountain	Elizabeth Barlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr Philip H. Dein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 40 hrs.

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 3-18, 1949 to 3-20, 1949, that I last saw the deceased alive on 3-18, 1949, and that death occurred at 8:06 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Rogers M.D. 9601 Sutton Pl. Silver Spring, Md. 3-20-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	3/22/49	Indian Hill Cemetery	Middleton, Conn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/21/49	Josephine M. Schaeffer	Robert A. Pumphrey	Bethesda, Md.

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MAR 29 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02820

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rte. 355 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4208 Gillcrest Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Leonard	Fraley	March	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	married	July 30 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard August Fraley
14. MOTHER'S MAIDEN NAME: Helen ~~Fraley~~ Framan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes-WW I
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Marion Louise Fraley (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 2 days

Antecedent cause(s) 420.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Arteriosclerotic Heart disease — 2.5 years

(c) Acute Nasopharyngitis — 2½ days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 28 Feb'49, 1949, to 2 March, 1949, that I last saw the deceased alive on 2 March, 1949, and that death occurred at 4:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John S. Ball	M.D	7936 Georgetown Rd Bethesda	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 4, 1949	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-49	N. E. Jobes	Robert A. Pumphrey	Bethesda, Md.

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MAR 5 1949
BUREAU V. S.

02821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1443 Swann St. N.W. Washington, D. C.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	H.	Frye	3	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	12-25-1891	57 yrs.	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer		District Of Columbia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scott Frye	Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	World War I		wife: Mrs. Florance A. Frye

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Arteriosclerosis + myocardial failure	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	
	(c)	

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 6, 1949, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Russell S. Boles Jr. LT(jg) MCR USNR	US Naval Hospital, Bethesda, Md.	3-10-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-14-49	Lincoln Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-10-49	Mary C. Patterson	L. E. MURRAY & SONS	1337 10th St. N.W. Wash. D.C.

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MAR 17 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02822

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 E. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural give location) 17 E. Washington St

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) I. (Last) Frye

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 19[illegible]

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 10-11-1892

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac M. Frye

14. MOTHER'S MAIDEN NAME: Neuhrodt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.

16. SOCIAL SECURITY NO.: 579-10-6981

17. INFORMANT: Mrs Henry W. Frye

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: dead suddenly

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Def. Med. 19 Exam. Case 19, that I last saw the deceased alive on 19, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Burchard M.D. ADDRESS Def. Med. Exam. DATE SIGNED 3-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3/31/49; NAME OF CEMETERY OR CREMATORY: Geo. Washington Memorial-Prince George, Md.; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-29-49; REGISTRAR'S SIGNATURE: W.E. Jobes

24. FUNERAL DIRECTOR: Everett A. Pugh ADDRESS: Bethesda, Md.

RECEIVED
MAR 31 1949
BUREAU T. S.

02823

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days 12 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5605 Johnson Ave.

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) (Last) Gartner

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 17 1891
9. AGE last birthday 57 yrs. If under 1 year: Months 6 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Christian Gartner
14. MOTHER'S MAIDEN NAME Brian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frances Gartner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Acute left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH 72 hrs

Antecedent cause(s)

102 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Long standing hypertension — —

(c) Congestive failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1949, to 3-21, 1949 that I last saw the deceased alive on 3-21, 1949 and that death occurred at 11:25P m., from the causes and on the date stated above.

SIGNATURE Ira W. Pearlman M.D. (Degree or title) for Dr W.T. Joyce ADDRESS 8600 Old Georgetown Rd DATE SIGNED 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-24-49
NAME OF CEMETERY OR CREMATORY Wash. National
LOCATION (City, town, or county) (State) Wash. DC.

DATE REC'D BY LOCAL REG. 3-23-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR Sh. M. Chambers Co ADDRESS Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112824

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 38 days 7 hrs 45 min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS (If rural give location) 6906 Glendale Rd

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Edward	(Last) Gass	4. DATE OF DEATH	(Month) 3	(Day) 2	(Year) 1949
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 11 1870	9. AGE last birthday 79 yrs.	If under 1 year Months 0	Days 19	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Clerk	10b. KIND OF BUSINESS OR INDUSTRY US Government	11. BIRTHPLACE (State or foreign country) Wash. D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Gass		14. MOTHER'S MAIDEN NAME Diantha Leas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Wilbur Gass (Son)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	6 wks.
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Mar. 2, 1949, that I last saw the deceased alive on Mar 1, 1949, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney C. Cousins, M.D. March 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/4/49	NAME OF CEMETERY OR CREMATORY Congressional	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. 3-2-49	REGISTRAR'S SIGNATURE W.E. Jobes	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02825

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1217 G St., N.E. ✓

3. NAME OF DECEASED (Type or Print): (First) Wallace (Middle) Douglas (Last) GENTRY

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-20-20

9. AGE last birthday: 28 yrs. — If under 1 year: Months 8, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash.,D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: GENTRY, William

14. MOTHER'S MAIDEN NAME: WALLACE, Irene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Dorothy Gentry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

195 Immediate cause (a) Acute Pulmonary Edema

562 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pituitary Adenoma (Acidophilic)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Jan, 1949, to March 3, 1949, that I last saw the deceased alive on March 3, 1949 and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: John C. MC Nerney (Degree or title) ADDRESS: John C. MC NERNEY, Cdr. MC USN, US Naval Hospital, Bethesda, Md. DATE SIGNED: 3-4-49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 3-8-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 3-4-49 — REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: BOYD Funeral Home — ADDRESS: 1238 20th St., N.W. Wash.,D.C.

Funeral Boyd

RECEIVED
MAR 9 1949
BUREAU V. S.

02826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 2 mon. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural give location) 1404 Wayne Street ✓

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Leonard (Last) GILES
4. DATE OF DEATH (Month) Mardh (Day) 3 (Year) 1949
5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-1-94
9. AGE last birthday 54 yrs. If under 1 year Months 3 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Ticket Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME GILES, Iszer
14. MOTHER'S MAIDEN NAME MASHON, Anne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT wife: Mrs. Christine C. Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure —

420.1 Antecedent cause(s) (b) Myocardial infarction —

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Arteriosclerotic Heart Disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1948, to March 3, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE D E Billman H (M) (Degree or title) ADDRESS DATE SIGNED
D. E. BILLMAN, Lt. JG MS USN, US Naval Hospital, Bethesda, Md. 3-3-49

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE 3-7-49 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 3-3-49 REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR ADDRESS Cunningham Funeral Home, Alexandria, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02827

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville — LENGTH OF STAY (in this place) 7 months 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown - Rural -
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	Belle	Gore		March	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Feb. 13-1867	82 yrs.	—	29	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Home	Reisterstown, Md.	U. S. of America

13. FATHER'S NAME: Andrew Washington Gore
14. MOTHER'S MAIDEN NAME: Martha Jane Neel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	—	Phillip Gore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocardial insufficiency.	5 months
422.1 Antecedent cause(s)	(b) Arteriosclerosis	(6) 6 years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Cholecystitis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from August 10, 1948, to Mch. 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 3.50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wheeler O. Huff	M.D.	7901 Wisconsin Ave. Bethesda, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3/15/49	Reisterstown Methodist	Reisterstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-14-49	W. E. Jobes.	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12828

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

7

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4519 Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 4807 Hampden Lane

3. NAME OF DECEASED (Type or Print): (First) LEORA (Middle) S (Last) GREEN

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/23/74

9. AGE last birthday: 74 yrs. — If under 1 year: Months 2 Days 18 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Oberlin, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Stallsmith

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. Waldo Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.0 (b) Arteriosclerotic Heart Disease — Undetermined

938 (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): March 11, 1949 2:30 Pm.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1949, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 9:25 P.m., from the causes and on the date stated above.

SIGNATURE: W. Duncan (Degree or title) M.D. ADDRESS: 546 Maple Ridge Rd Bethesda, Md DATE SIGNED: 3-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: Mar. 14/49 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Bethesda Md.

DATE REC'D BY LOCAL REG. 3-14-49 — REGISTRAR'S SIGNATURE: W.E. Jobes

24. FUNERAL DIRECTOR: Scott A. Sumpter — ADDRESS: Bethesda, Md.

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02829

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) life
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4808 Middlesex Lane

3. NAME OF DECEASED (Type or Print) (First) Deborah (Middle) (Last) Grieves

4. DATE OF DEATH (Month) Mar (Day) 1 (Year) 1949

5. SEX Fe
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Sept 4. '48
9. AGE last birthday yrs. If under 1 year Months 5 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard Grieves
14. MOTHER'S MAIDEN NAME Claire Rosemond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Claire Grieves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to suffocation (accidental)

925.0 Antecedent cause(s)

195d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in play pen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) home
(CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell with rattle in mouth

22. I hereby certify that I attended the deceased from Dep Med Exam case, 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE Frank J. Broschart (Degree or title) M.D. Dep Med Exam. ADDRESS Gaithersburg Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 3/2/49
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3-2-49
REGISTRAR'S SIGNATURE N.E. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02830

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 926 Second Ave Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): Silver Springs Md.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) H. (Last) GULICK

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 9, 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months 5, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gulick

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robert E. Gulick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 Immediate cause (a) Hemorrhage of the Bladder — Interval Between Onset and Death: 2 weeks

Antecedent cause(s)

526 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Bladder — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1949, to Mar. 20, 1949, that I last saw the deceased alive on Mar. 19, 1949, and that death occurred at 6.20 A. m., from the causes and on the date stated above.

SIGNATURE: L. B. Snow M.D. (Degree or title) ADDRESS: Silver Spring, Md. DATE SIGNED: Mar. 20-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/23/49 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cemetery — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: 3/23/49 — REGISTRAR'S SIGNATURE: Josephine M Schaeffer — 24. FUNERAL DIRECTOR: Regis A Walsh — ADDRESS: 741-11th St. S.E. Wash. D.C.

No 218

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02831

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs.
STREET ADDRESS (If rural give location) 1910 Locust Grove.

3. NAME OF DECEASED (Type or Print) (First) Lorraine (Middle) Mildred (Last) Harding

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-14-26
9. AGE last birthday 22 yrs. If under 1 year Months 6 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington. DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Jenkins
14. MOTHER'S MAIDEN NAME Louisa Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Cardiac Failure	Terminal
241 Antecedent cause(s)		
106b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis and Inanition	? months
	(c) Bronchial Asthma	15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1948, to March 23, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at 2:12 a.m., from the causes and on the date stated above.

SIGNATURE Robert A. Hare MD. (Degree or title) ADDRESS Takoma Park Md. DATE SIGNED 3/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 26, 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG. 3/23/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Death Cleared by Coroner R.A.H.

RECEIVED
MAR 28 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

102832

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 100 Linden COUNTY Montgomery County Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 100 Linden Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) C (Last) Heltman Jr.

4. DATE OF DEATH (Month) Mar (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-14-1897
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer Representative
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles C. Heltman Jr.
14. MOTHER'S MAIDEN NAME Melvina Broyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-38-0659
17. INFORMANT Miss Maurine Heltman Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

331

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease — 8 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Mar 16, 1949, that I last saw the deceased alive on Mar 15, 1949, and that death occurred at 9:45 m., from the causes and on the date stated above.

SIGNATURE Worth Daniels (Degree or title) M.D. ADDRESS 1150 Connecticut Ave Washington, D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 3-19-49
NAME OF CEMETERY OR CREMATORY Lee's
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 3-17-49
REGISTRAR'S SIGNATURE V. E. Jobes
24. FUNERAL DIRECTOR J. Wm. Lee's Sons Co. ADDRESS 300-4th St. N.E.

Li 5200

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MAR 18 1949
BUREAU V. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

02833

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural give location): 705 7th St. SE., ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	C.	Holt	March	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	2-28-75	74 yrs.	1	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crain Operator		Washington, D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John C. Holt	Aborella Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	SAW		wife: Mrs. Rose Holt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

Antecedent cause(s) 420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Coronary Heart Disease Arteriosclerotic

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1949, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE: D E Billman (Degree or title) D.E. BILLMAN, Lt. MSC USN, US Naval Hospital, Bethesda, Md. (ADDRESS) DATE SIGNED: 3-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-22-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-49	Mary C. Patterson	Robt. A. Mattingly	131 11th St. S.E. Wash. D.C.

E.C. Diss

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

112834

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Domer Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 504 Domer Avenue

3. NAME OF DECEASED (Type or Print): (First) DEBORAH (Middle) VIRGINIA (Last) HOLTER

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 14, 1948

9. AGE last birthday: 0 yrs. If under 1 year: Months 10 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry H. Holter

14. MOTHER'S MAIDEN NAME: Dorothy V. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Henry H. Holter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
491 Immediate cause	(a) Pulmonary Edema.	24 hrs.
Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho Pneumonia	2 weeks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Mar., 1949, to 28 Mar., 1949, that I last saw the deceased alive on 27 March, 1949, and that death occurred at 9 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. B. Queen M.D. ADDRESS: 112 Willow Ave Takoma Park, Md. DATE SIGNED: 3-28-49

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE: 3/30/49 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem | LOCATION (City, town, or county): Bladensburg Rd. | (State): Md.

DATE REC'D BY LOCAL REG.: 3/28/49 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: J. Arthur Walters | ADDRESS: 254 Carroll St. N.W. Wash. 12, D.C.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02835

216

1. PLACE OF DEATH

County Montgomery Registration Dist. No.

Village or City Bethesda Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8+ yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME FRED C HORNER

(a) Residence: No. 9514 KENTSTONE DR St., BETH. MD Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Barbara

6. DATE OF BIRTH (month, day, and year) Jan. 15 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Custodial Work (Retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) ~~about~~ 1940

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Fairlee (State or country) Vermont.

FATHER

13. NAME (Unknown) Horner

14. BIRTHPLACE (city or town) (State or country) Vermont.

MOTHER

15. MAIDEN NAME Maria Hunter

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Mattie Edwards

(Address) 9514 Kentstone Dr. Bethesda Md.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place DC Wash. Nat Cem. Date 3-25-49

19. UNDERTAKER H. H. Chambers Co.

(Address) 1400 Chapin N.W. Washington D.C.

20. FILED 3/22, 1949 W E Jobes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 22 (Day) 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1948, to March 1949

I last saw him alive on March 22, 1949; death is said to have occurred on the date stated above, at 7.15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
I. Pulmonic T. Metastasis	Known
Carcinoma	Dec. Nov.
Cachexia	1948

Other Contributory Causes of importance: None

177 514

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Lewis J Sompayrac M. D.

(Address) 8016 Eastern Ave Bethesda

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAR 26 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02836

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (In this place) 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Montgomery Ave — STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location) 205 Montgomery Ave

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) (Last) Katz

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 19XX

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Abt. 1884

9. AGE last birthday: 65? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Shimin Stybok Sherman

14. MOTHER'S MAIDEN NAME: Celia ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josane Katz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: died suddenly

420.1

Antecedent cause(s)

940

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1948 to Mar 25, 1949, that I last saw the deceased alive on 3-25, 19 49, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Bernhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-25-XX

Dep med Exam

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) | DATE 3/25/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 3-25-49 | REGISTRAR'S SIGNATURE E. P. Thompson M | 24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS

#881
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1949

RECEIVED
MAR 30 1949
BUREAU V. S.

02837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (rural)
LENGTH OF STAY (in this place) 3 mons. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1521 Rhode Island Avenue, N.W.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) KEEFER

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1-11-76

9. AGE last birthday: 73 yrs. If under 1 year: Months 2 Days 3 If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: KEEFER, William C.

14. MOTHER'S MAIDEN NAME: SAID, Nancy Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: friend: Miss Robbie Hay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis generalized — Indef.
(c) Prostatic hypertrophy. — Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1948, to March 14, 1949, that I last saw the deceased alive on March 14, 1949, and that death occurred at 2:32 A m., from the causes and on the date stated above.

SIGNATURE J. F. Berry (Degree or title) J. F. BERRY, Lt JG MC USN, ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) burial — DATE THEREOF 3-17-49 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 3-14-49 — REGISTRAR'S SIGNATURE Mary C. Patterson Mary C. Patterson

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers, 1400 Chapin St., N.W. Wash., D.C.

RECEIVED
MAR 15 1949
BUREAU V. S.

02838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 1/2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6112 Western Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Catherine A Kennedy

3.(b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: James D Kennedy

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 3 1870

8. AGE: Years: 78 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: New Burgh NY
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Patrick Dunnegan
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Hussey
15. Birthplace: Ireland

16. Informant: Mrs Florence Greaney
Address: 6112 Western Ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: March 25 1949 (month) (day) (year)

Cemetery or crematory: St Patricks

Location: New Burgh NY

18. Funeral director: J William Lee's Sons Co.
Address: 300 - 4th St. Washington D.C.

19. 3/24 1949 (Date rec'd by registrar) M. E. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24 1949 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3 1949 to March 24 1949 and that I last saw her alive on March 24 1949

Immediate cause of death	Duration
Congestive heart disease	3 days
Due to: Mitral insufficiency	7 yrs
Aortic stenosis	5 "
Due to: 410 / 928	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert E. Wafer M. D. or other

Address: 1835 Eye St. N.W. Wash. D.C. Date signed: 3/24/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 28 1949
BUREAU V. S.

ITEM 3: letter from Dr. Billman, filmed G120 4-28-49 LL

02839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS (If rural give location) RFD 2

3. NAME OF DECEASED (Type or Print) (First) ~~Howard~~ HOWLAND	(Middle) ~~Daniel~~ DANIEL	(Last) Kenyon	4. DATE OF DEATH (Month) March	(Day) 30	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 5-9-77	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairy Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME George Kenyon		14. MOTHER'S MAIDEN NAME Charlotte Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) SAW	16. SOCIAL SECURITY NO.	17. INFORMANT wife: Mrs. Lena Kenyon		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1949, to March 30, 1949, that I last saw the deceased alive on March 30, 1949, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE D. E. Billman Lt. (Degree or title) ADDRESS DATE SIGNED

D. E. BILLMAN, Lt. MSC USN, US Naval Hospital, Bethesda, Md. 3-30-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3-4-49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 3-30-49	REGISTRAR'S SIGNATURE Mary C. Patterson	24. FUNERAL DIRECTOR Monay & King, Vienna, Va.	ADDRESS

D. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P2840

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 mon. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 855 Xenia St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Leo (Last) KNOWLES

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-24-96

9. AGE last birthday: 53 yrs. | If under 1 year: Months 0 Days 25 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: KNOWLES, Charles

14. MOTHER'S MAIDEN NAME: CROWN, Alice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Jane V. Knowles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of Colon(Post status) with

153 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46a (b) abscess formation;

(c) Feco-purulent peritonitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1949, to March 21, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE R. L. May (Degree or title) ADDRESS DATE SIGNED

R. L. MAY, Lt. MC USN, US NAVAL HOSPITAL, Bethesda, Md. 3-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE 3-25-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 3-21-49 | REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR: W. W. Chambers | ADDRESS: 517 11th St., S.E., Wash., D.C.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02841

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halpine
STREET ADDRESS (If rural give location): R.R. # 2 — Rockville Md.

3. NAME OF DECEASED (Type or Print): (First) Mr (Middle) Henry John Thomas (Last) Kraft

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W h

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Gardner - Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Kraft

14. MOTHER'S MAIDEN NAME: Boyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Daughter - Pauline C. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Infarction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Insufficiency - Luetic Basis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan., 1949, to 7 Mar., 1949, that I last saw the deceased alive on 6 March, 1949, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Richard Bauernfeld, M.D. — ADDRESS: 7345 Wisconsin Ave Bethesda Md. — DATE SIGNED: 7 March 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/10/49 — NAME OF CEMETERY OR CREMATORY: Rockville Union Cem — LOCATION (City, town, or county): Rockville — (State): Maryland

DATE REC'D BY LOCAL REG. 3-9-49 — REGISTRAR'S SIGNATURE: N.E. Jones

24. FUNERAL DIRECTOR: Robert A. Dunphy — ADDRESS: Bethesda, Md

RECEIVED
MAR 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02842

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Romney, West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Typo or Print): (First) Arthur (Middle) Eugene (Last) Krause

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 12, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Minister

11. BIRTHPLACE (State or foreign country): Osco, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Caleb Krause

14. MOTHER'S MAIDEN NAME: Caroline Seyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of Prostate with

177 Antecedent cause(s)

518 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-, 1949, to 3-29-, 1949, that I last saw the deceased alive on 3-28, 1949, and that death occurred at 12 05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ferdinand Stalter M.D. 1835 Eye St. N.W. Wash 6 MAR 29 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/31/49 | NAME OF CEMETERY OR CREMATORY: Petersburg Cemetery | LOCATION (City, town, or county) (State): West Virginia

DATE REC'D BY LOCAL REG. 3/29/49 | REGISTRAR'S SIGNATURE: J. Milton Redd | 24. FUNERAL DIRECTOR: J. Arthur Waters | ADDRESS: 254 Carroll St Takoma Park

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02843

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 7 mons. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Berrymans Lane

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Helen	Kathleen	KUMP		March	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	W-US	married	4-26-26	22 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Maryland	US

13. FATHER'S NAME: POBLETTS, John Paul

14. MOTHER'S MAIDEN NAME: SCHAFFER, Rachel,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: HUSBAND: Raymond C. Kump, CBM USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.2 Immediate cause (a) Diffuse peritonitis — Interval between onset and death: 3 days

120 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic ulcerative colitis — 6 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/26/49	Terminal ileitis, ulcerative colitis	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 26, 1948, to March 3, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at 8:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph J. ZUSKA	Cdr. MC USN	US Naval Hospital, Bethesda, Md.	3-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-7-49	Drew Hill Cemetery	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-49	Mary C. Patterson	Eline Funeral Home	Reisterstown, Md.

J. Edw. Eline

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02844

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Josiah (Middle) William (Last) Lancaster.

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: March 13, 1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Montgomery County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Josiah Lancaster

14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Bronchio	24 hours
450.0 Antecedent cause(s)	1) (b) Cacheria 2) Uremia-	1) 9 months 2) 3 weeks
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, Gen'l.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1949, to March 2, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M. D. ADDRESS: Laytonsville, Maryland DATE SIGNED: 3/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE: March 5, 1949 | NAME OF CEMETERY OR CREMATORY: Emory Grove | LOCATION (City, town, or county) (State): Emory Grove, Md.

DATE REC'D BY LOCAL REG. 3-4-49 | REGISTRAR'S SIGNATURE: Gertrude B Fawler | 24. FUNERAL DIRECTOR: R. L. Snowden, ADDRESS: Rockville, Md.

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02845

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 15yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4833 West Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4833 West Lane

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) J (Last) LEE

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 17 1857

9. AGE last birthday: 91 yrs. If under 1 year: Months 4 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: xx

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Lee

14. MOTHER'S MAIDEN NAME: Mary Jane Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Marjorie B. Lee (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 6 days

Antecedent cause(s)

420.1
94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1949, to March 25, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee P. Campbell M.D. ADDRESS Kunkenkept DATE SIGNED 3/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit — DATE 3/26/49 — NAME OF CEMETERY OR CREMATORY: Hanover Cemetery — LOCATION (City, town, or county) (State): Hanover, New Hampshire

DATE REC'D BY LOCAL REG. 3-25-49 — REGISTRAR'S SIGNATURE W.E. Jobes.

24. FUNERAL DIRECTOR: Robert A. Pumphrey. — ADDRESS: Bethesda, Md.

RECEIVED
MAR 28 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02846

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md. | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Westwood Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 41 Westwood Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nellie	G.	Long	March	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Aug. 9, 1875	73 yrs.	7	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warfield, West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Long
14. MOTHER'S MAIDEN NAME: Elizabeth Innskeep

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Robert Peter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute left ventricular failure	Few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	(Several years attacks-1 yr.) 10 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None.

443
938

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1930, 19..., to March 17, 1949, that I last saw the deceased alive on March 17, 1949, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm A. Smithson	M.D.	Rockville, Md.	3/17/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 19, 1949	Rockville Union	Rockville, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-49	E P Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15

RECEIVED
MAR 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02847

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 638 Pa.Avenue, S.E., Apt. #3 ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patrick	Henry	LONG	March	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	W-US	married	2-11-91	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unemployed		Kansas	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LONG, Michael	O'KEEFE, Marget

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWI		wife: Mrs. Rose M. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 **Immediate cause** (a) Bronchopneumonia, bilateral, extensive

838 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Thrombosis iliac artery and left femoral artery

(c) Possible brain infarct

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March 5, 1949, to March 21, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 12:02 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wade H. Bowers	W. H. BOSWELL, Lt. MC USN,	US Naval Hospital, Bethesda, Md.	3-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	3-24-49	Arlington National	Arlington, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-21-49	Mary C. Patterson	J. T. RYAN,	317 Penna.Ave.,S.E.,Wash., D.C.

R. N. H.

VS. A15

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MAR 24 1949
BUREAU V. S.

INITIAL IN NAME OF DECEASED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02848

FILM No. G.119 MAR 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 Parkside Road	STREET ADDRESS (If rural give location): 12 Parkside Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	M. Towle	Luce	March	2	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 26, 1888	60 yrs.	8	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - Vet's Adm.	U. S. Govt.	Glascow, Scotland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael J. Towle	Dora J. Britton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Charles F. Luce Sr. - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) CARCINOMATOSIS	1 month
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF BREAST	6 months
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
about 1-1-49	CARCINOMA OF BREAST	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-15, 1949, to 3-1 OK - Dr. Snow, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. B. Snow M.D.		Silver Spring, Md.	3-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 5, 1949	Mt. Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 4, 1949	Josephine M. Schaeffer	Warner E. Pumphrey, Inc.	8434 Ga. Ave. Silver Spring, Md.

VS. A15

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MAR 8 1949
BUREAU V. S.

SH. 5000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02849

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 170
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coleman Manor
STREET ADDRESS (If rural, give location) 4306 Newton St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Clayton	Lyles	March	19	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ~~Single~~ Wid	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White		1-3-95	54 yrs.	2	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Washington, D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William C. Lyles	Elizabeth Mary Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW I		daughter: Kathleen A. Lyles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cor Pulmonale	6 Mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fibrosis, Pulmonary	4 yrs
	(c) Bronchial asthma	25 yrs

241
1142

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?
m.	While at Work ☐ Not While At work ☐	

22. I hereby certify that I attended the deceased from Oct. 12, 1948, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. F. Queen
Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 3-19-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-22-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-49	Mary B. Patterson	Wm. J. Nalley, 3200 Rhode Island Ave.	Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02850

CERTIFICATE OF DEATH

Reg. Dist. No. 7-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 9209 Kingsbury Drive

3. NAME OF DECEASED (Type or Print): (First) Cornelia (Middle) Calhoun (Last) Lyon

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 19, 1887

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Calhoun

14. MOTHER'S MAIDEN NAME: Cornelia E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Helen C. Keister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 4-5 yrs

450.0 97

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to 16 March 19 49 that I last saw the deceased alive on 4 March, 19 49, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William D. Aud, M.D. — 9006 Colesville Rd, Silver Spring, Md — March 16 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 18, 1949 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington, D C

DATE REC'D BY LOCAL REG.: Mar. 17, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Schaffer

24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc. — ADDRESS: Silver Spring, Md

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02851

Reg. Dist. No. 5 14

1. PLACE OF DEATH: Montgomery

County Maple Lane Nursing Home

City or town Silver Spring Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 2 mo.

Hospital, institution, or street address where death occurred:

10000 Ga Ave - Silver Spring md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Washington D C

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1016 - 16th St NW.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME PHOEBE E. MAYES

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Henry S.,

6.(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) May 2, 1866

8. AGE: Years 82 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Newark N. J. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Roswell C. Breeden

13. Birthplace Michigan

MOTHER 14. Maiden name Cecelia Critchfield

15. Birthplace New Jersey

16. Informant Walter D. Haight (Son)

Address 621 Oneida Pl. N W Wash DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 5 1949 (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery

Location Wash D.C.

18. Funeral director W. C. Chambers Co

Address 1400 Chapin st N.W.

19. Mar 3 1949 (Date rec'd by registrar) Josephine D. Schaeffe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 3 1949 at 2.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 21 1949 to MARCH 3 1949 and that I last saw h.e.r. alive on MARCH 2 1949

Immediate cause of death	DURATION
ACUTE MYOCARDITIS	
Due to SENILITY	
Due to CEREBRAL HEMORRHAGE	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations NONE Date of op.

Autopsy results NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry M. Lowden M.D. M. D. or other

Address 1603 19th N.W. Washington D.C. Date signed 3-5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

CO.043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02852

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County; STATE MARYLAND Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cedar Grove, Md.; LENGTH OF STAY (In this place) all of life; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montgomery County Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cedar Grove, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ULAH (Middle) MAY (Last) MILES

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 15, 1883

9. AGE last birthday: 64 yrs. If under 1 year: Months 9, Days 11, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Suddath

14. MOTHER'S MAIDEN NAME: Laura Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Jesse Miles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 hour
Antecedent cause(s)	(b) Asthma	7 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic cardiovascular disease	10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1946, to March 26, 1949, that I last saw the deceased alive on March 26, 1949, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE James D. Kerr (Degree or title) M. D. ADDRESS Damascus, Md. DATE SIGNED March 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 3-28-49; NAME OF CEMETERY OR CREMATORY Salem Cedar Grove; LOCATION (City, town, or county) Montgomery Co. (State) Md.

DATE REC'D BY LOCAL REG. March 28 -49; REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR Roy W Barber Laytonsville, Md ADDRESS

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02853

EVIDENCE FOR ADDITION OF DATE OF DEATH IS ON:

FILM No. G 119 MAR 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 414

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9715 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 309 S. 40th St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Curtis (Last) Miller

4. DATE OF DEATH (Month) March (Day) 10, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 1/1/1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pittsburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Frank V. Miller
14. MOTHER'S MAIDEN NAME Emma Fishbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank B. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237 Immediate cause (a) Brain Tumor

Antecedent cause(s)

572 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operated upon at U.J.P. Hosp. Phila. Pa

INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

19a. DATE OF OPERATION Nov. 15 1948
19b. MAJOR FINDINGS OF OPERATION Multiple Brain tumor
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dep. Med. Exam. Case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Frank J. Broschart (Degree or title) Dep. Med. Exam. ADDRESS Gaithersburg Md DATE SIGNED 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/12/49
NAME OF CEMETERY OR CREMATORY Geo. Washington Memorial
LOCATION (City, town, or county) Hyattsville, Md. (State)

DATE REC'D BY LOCAL REG. March 10, 1949
REGISTRAR'S SIGNATURE Josephine M. Schoeffe
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. N.W. Wash. 12 D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

02854

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda —
LENGTH OF STAY (in this place) 17 Hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 407 Leighton Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F (Last) Miller

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1949

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 24 June 1890

9. AGE last birthday: 58 yrs. If under 1 year: Months. 3 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Cleveland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank. Miller

14. MOTHER'S MAIDEN NAME: Anna Miles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Gully daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pancreatitis. Acute.	10 days.
Antecedent cause(s) 450.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetes Mellitus.	15 years.
	(c) Arterio Sclerosis generalized.	20 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputation of Right Leg from Gangrene. 1948 May.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April, 1948, to 12 March, 1949, that I last saw the deceased alive on 12 March, 1949, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Ball M. D. 7936 Georgetown Rd Bethesda Md. 12 March 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar 17, 1949 — NAME OF CEMETERY OR CREMATORY: Calvary Cem. — LOCATION (City, town, or county) (State): Cleveland Ohio.

DATE REC'D BY LOCAL REG. 3-12-49 — REGISTRAR'S SIGNATURE: J.E. Jobes

24. FUNERAL DIRECTOR: Francis J Collins — ADDRESS: 3821-14th St N. W. Wash. D.C.

RECEIVED
MAR 15 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12855

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mon. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 2426 19th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Tobias (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-8-93

9. AGE last birthday: 55 yrs. If under 1 year: Months 7 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MILLER, Tobias, Sr. — Germany

14. MOTHER'S MAIDEN NAME: DeBOER, Julia, — Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Kathleen Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157 / 469

Immediate cause (a) Respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis secondary to

(c) Carcinoma of the pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1949, to March 9, 1949, that I last saw the deceased alive on March 9, 1949, and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE W. J. Champion (Degree or title) ADDRESS DATE SIGNED

Wm. J. CHAMPION, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 3-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-14-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG. 3-9-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR: W. W. CHAMBERS, Georgetown, D.C. ADDRESS

RECEIVED
MAR 11 1949
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02856

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mon. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Oregon — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Portland
STREET ADDRESS (If rural give location): 835SE Peacock Lane,

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Melvin (Last) MINOR
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1949

5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4-20-12
9. AGE last birthday: 36 yrs. If under 1 year: Months 11 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MINOR, William Frank
14. MOTHER'S MAIDEN NAME: HASTERLING, Lillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: wife: Mrs. Alice M. Minor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.2 **Immediate cause** (a) Acute Monocytic Leukemia

Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1949, to March 24, 1949, that I last saw the deceased alive on 24 March, 1949, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. J. POPE, Cdr. MC USN. US Naval Hospital, Bethesda, Md. 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 3-29-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 3-24-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS, 1400 Chapin St., N. W., Wash., D.C.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02857

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fix correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Browningsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Linden (Last) Moody, Jr.

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 30, 1948

9. AGE last birthday 0 yrs. If under 1 year Months 8 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) El. Paso, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Herbert Linden Moody

14. MOTHER'S MAIDEN NAME Grace Evelyn DePew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Grace E. Moody

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial asthma — Interval Between Onset and Death: 2 days.

500 / 106b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to tha abova causa stating the underlying cause last

(b) Acute bronchitis — 5 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the diseasa or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whila at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 26, 1949, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 7:05 A. m., from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED 3/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 4-49

NAME OF CEMETERY OR CREMATORY Burtonsville Union

LOCATION (City, town, or county) (State) Burtonsville, Md.

DATE REC'D BY LOCAL REG. Mar. 2, 1949

REGISTRAR'S SIGNATURE Della V. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

02858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-1

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 1 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 704 Foraston Dr	STREET ADDRESS (If rural give location): 704 Forston Dr.

3. NAME OF DECEASED (Type or Print)	(First) Perley	(Middle) Lind	(Last) Morse	4. DATE OF DEATH	(Month) Mar	(Day) 18	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 8-8-1908	9. AGE last birthday: 40 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): F. B. M. Operator	10b. KIND OF BUSINESS OR INDUSTRY: government	11. BIRTHPLACE (State or foreign country): Towers	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Claude Morse	14. MOTHER'S MAIDEN NAME: Minnie Lind						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 481-07-2286	17. INFORMANT: Mrs Florence Morse					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	died suddenly
42a1 Antecedent cause(s)		
94a1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dep. Med. Exam case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D. Dep. Med Exam		Gaithersburg Md	3-18-49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal	DATE: Mar 18/1949	NAME OF CEMETERY OR CREMATORY: Gasch Funeral Home	LOCATION (City, town, or county): Hyattsville Md	(State)
DATE REC'D BY LOCAL REG.: 3/18/49	REGISTRAR'S SIGNATURE: J. Wm Dodd	24. FUNERAL DIRECTOR: L. Gasch's sons	ADDRESS: Hyattsville Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

Evidence for change of year of births is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 119 MAR 18 1949

CERTIFICATE OF DEATH

12859

Reg. Dist. No. 714

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington-Bethesda Md. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Shadow Rd. — MARYLAND — LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington-Bethesda Md. — STREET ADDRESS (If rural give location) 105 Shadow Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Cotter	McKnight Moses	3	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10 18 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hotel operation	Hotel	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B. Moses	Rebecca McKnight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	32 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis 420.1	15 yrs.
(c) Hypertension (Essential) 940	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Edema	32 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 45, to 3 11 49, that I last saw the deceased alive on 3 11 49, and that death occurred at 12:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Warren Casady M.D. 5022 Rum Pl. N.W. Wash. 8, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	MAR. 12 49	FT. LINCOLN CREMATORY	PRINCE GEO. COUNTY, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 12, 1949	Josephine M. Schaeffe	Martin W. Hysong Co.	1300 N St. N.W. Wash. D.C.

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02860

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D C COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1357 - Girard st. NW ✓

3. NAME OF DECEASED (Type or Print): (First) Barry (Middle) — (Last) Mulligan

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/16/1883

9. AGE last birthday: 65 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physicist

10b. KIND OF BUSINESS OR INDUSTRY: U.S. govt.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dennis Mulligan

14. MOTHER'S MAIDEN NAME: Josephine Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: None.

17. INFORMANT: Mrs Grace Mulligan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis and hypertension	2 yrs 8 mos
	(c)	

331
330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1948, to Mar 6, 1949, that I last saw the deceased alive on Mar 6, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard V. Mattingly M.D 4707 Conn. Ave N.W. Wash. D.C 3/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): cremation

DATE: 3/8/1949

NAME OF ~~CEMETERY OR~~ CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. Mar 7. 1949

REGISTRAR'S SIGNATURE: Josephine M Schaeffer

24. FUNERAL DIRECTOR: H. A. Chambers Co

ADDRESS: 1400 Chapin st. Washington D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02861

CERTIFICATE OF DEATH

Reg. Dist. No. 916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 84 days 11 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D. C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 7019 Georgia Ave N.W. Apt. 405

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	R.	Neville	3	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	White	Married	Dec. 17th 1900	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Leesburg, Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Foster	Margaret Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		William R. Neville (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) Cardiac failure	48 hrs.
Antecedent cause(s)		
150 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis, generalized	Approx 12 months
	(c) Cadenocarcinoma, breast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov, 1948, to 25 March, 1949, that I last saw the deceased alive on 24 March, 1949, and that death occurred at 3.20 A.M., from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. (Degree or title) M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-28-49	Ft. Lincoln	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-25-49	M. E. Jobes	S. H. Hines Co	2901 14th D.C.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02862

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville; STREET ADDRESS (If rural, give location) Oakland.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) NEWMAN

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb. 19, 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charlestown, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Newman

14. MOTHER'S MAIDEN NAME: Julia Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval Between Onset and Death: 3 mnths

Antecedent cause(s) 442

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a

(b) Hypertensive Cardio-Vascular Disease — ? years

(c) Arteriolonephrosclerosis — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — ? weeks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-49, 1949 to 3-18, 1949, that I last saw the deceased alive on 3-17, 1949, and that death occurred at 12 59 A m., from the causes and on the date stated above.

SIGNATURE: Robert R. Williams (Degree or title) M.D. ADDRESS: Montgomery County General Hospital DATE SIGNED: 3-18-49

23. BURIAL, [redacted] (Specify) DATE: March 21, 1949 NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery LOCATION (City, town, or county): Brooklyn, (State) Md.

DATE REC'D BY LOCAL REG. March 19th 1949

REGISTRAR'S SIGNATURE: R.W. Frederick

24. FUNERAL DIRECTOR: Charles P. Law ADDRESS: 802 Madison Ave Baltimore 1, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112863

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
MARYLAND — LENGTH OF STAY (in this place): 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 7118 Overhill Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Bevill (Last) Peterson

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 6, 1894	54 yrs.	3	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Engineer	Same	Cliftonville, Mississippi	Amer.

13. FATHER'S NAME: John L. S. Peterson
14. MOTHER'S MAIDEN NAME: Louise Bevill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): yes
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Charts + Records of Hospital - (Wash. San. + Hosp.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
600.0 Immediate cause	(a) Uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 133a	(b) Nephrotic Syndrome of undetermined cause	5 days
	(c) Acute Appendicitis (Autopsy finding) 9th	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 16, 1949	Medrain Bar	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 19 49, to Mar 24, 19 49, that I last saw the deceased alive on Mar 24, 19 49, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest L. Benjamin	MD	Bethesda, Maryland	3/25/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Mar 25 1949	Arlington National Cemetery	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/49	William D Todd	Robert A. Pumphrey	Bethesda, Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

02864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 mons. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 416 Kenyon St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Lloyd (Middle) Francis (Last) Petty
4. DATE OF DEATH (Month) (Day) (Year) March 28 1949
5. SEX male
6. COLOR OR RACE Col US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3-11-21
9. AGE last birthday 28 yrs. If under 1 year Months 0 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P.O. Clerk
10b. KIND OF BUSINESS OR INDUSTRY US Government
11. BIRTHPLACE (State or foreign country) S.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME PETTY, Floyd H.
14. MOTHER'S MAIDEN NAME SIMMS, Allie B.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.
17. INFORMANT sister: Miss Corrie Petty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis, Chronic #230 — INTERVAL BETWEEN ONSET AND DEATH 8 months

4222

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1948, to March 28, 1949, that I last saw the deceased alive on March 28, 1949 and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE John W. Flynn (Degree or title) ADDRESS DATE SIGNED
J. W. FLYNN, Lt. JC MC USN, US Naval Hospital, Bethesda, Md. 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) removal
DATE THEREOF 3-29-49
NAME OF CEMETERY OR CREMATORY Lime stone Cemetery
LOCATION (City, town, or county) (State) Gaffney, S.C.
DATE REC'D BY LOCAL REG. 3-28-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR John T. Rhines & Co. 3rd & I St., S.W. Wash., D.C. ADDRESS W.S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2

I

T

VS. A15

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02865

CERTIFICATE OF DEATH

Reg. Diat. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks + 6 days

Hospital, Institution, or street address where death occurred:
Washington Sanitarium and Hospital - Takoma Park

How long in hospital or institution? 5 weeks + 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: District of Columbia, Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5330 Colorado Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME

Newman, Miss Magdalene Rutan

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: None —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): — March 31, 1874.

8. AGE: Years	Months	Days	If less than one day
74	11	12	hrs. min.

9. Birthplace: Mechanicsburg, Ohio
(Town, county, and state)

10. Usual occupation: Librarian — Retired

11. Industry or business: —

FATHER
12. Name: Lafayette Newman
13. Birthplace: Milford Center, Ohio

MOTHER
14. Maiden name: Eliza Jane Rutan
15. Birthplace: Mechanicsburg, Ohio.

16. Informant: Charts and Records of Wash. San. & Hosp.
Address: 700 Carroll Avenue, Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/15/49 (month) (day) (year)

Cemetery or crematory: Maple Grove

Location: Mechanicsburg, Ohio

18. Funeral director: The S. H. Hines Co.

Address: 2901 - 14th St. N.W. Wash. 9, D.C.

19. 3/13 (Date rec'd by registrar) 19 49 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 19 49, at 11 05 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 19 49, to March 12 19 49

and that I last saw her alive on March 12 19 49

Immediate cause of death	DURATION
Coronary occlusion	6 weeks
Due to	
Due to 420.1	
Other conditions 794	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results: Coronary occlusion.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John N. Andrews M.D.
M. D. or other

Address: Silver Spring Md. Date signed 3-13-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 15 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02866

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (In this place) 4 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 9th Ave. South. ✓

3. NAME OF DECEASED (Type or Print): (First) Wanda Baby (Middle) Evelyn (Last) Pumphrey

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Cauc | 7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 3-7-49 | 9. AGE last birthday: yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours 6, Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Mont. Co., Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Huffman Pumphrey

14. MOTHER'S MAIDEN NAME: Ruth Evelyn Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity - Parturition at 28 wks. — Interval: Born 3 hrs 3-7-49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

470.5 (b) Mother had no prenatal care

159 (c) Entered hospital with membranes — Died 9:35 am 3-7-49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ruptured - Mother Rh- , Father Rh+

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-, 1949, to 3-2-, 1949, that I last saw the deceased alive on 3-2-, 1949, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Emma Hughes M.D. Takoma Park, Md. 3-7-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3/8/49 | NAME OF CEMETERY OR CREMATORY Geo. Washington Mem. | LOCATION (City, town, or county) (State) Prince Geo Co Md

DATE REC'D BY LOCAL REG. 3-7-49 | REGISTRAR'S SIGNATURE J. Wm Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 257 Carroll St Takoma Park D.C.

VS. A15 T

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02867

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1801 Alcan Dr.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Romeo

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1949

5. SEX Male

6. COLOR OR RACE Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Oct. 22 1932

9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dickson city, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S., America

13. FATHER'S NAME Anthony Charles Romeo

14. MOTHER'S MAIDEN NAME Pearl Libudziewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of skull (accidental)	2 hrs
819.5 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170C	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Takoma Park (COUNTY) Montgomery (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 28 '49 - 5:20 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Auto accident ≡ Fixed object

22. I hereby certify that I attended the deceased from Dep. Med. Exam case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE Frank J. Broschart M.D. (Degree or title) Dep. Med. Exam

ADDRESS Gaithersburg Md

DATE SIGNED 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify)

DATE 3/31/49

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

LOCATION (City, town, or county) Hartington D.C. (State)

DATE REC'D BY LOCAL REG. 3/28/49

REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co.

ADDRESS 2401 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02868

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Burnt Mills Hills

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Burnt Mills Hills

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLOTTE M. RUFF

4. DATE OF DEATH (Month) (Day) (Year) March 26 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan. 13, 1869
9. AGE last birthday 80 yrs. If under 1 year Months 2 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife -- retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore Keller
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ——
17. INFORMANT Mrs. Charlotte Pohanka, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Hypertension	10-15 yrs

331
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 26 March 1949, that I last saw the deceased alive on 22 March 1949, and that death occurred at 9:04 A.m., from the causes and on the date stated above.

SIGNATURE William D. And, MD (Degree or title) ADDRESS Silver Spring, Md DATE SIGNED 26 March '49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Mch. 28, 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG. Mar 26, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02869

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4514 Chase Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Same — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 4514 Chase Ave.

3. NAME OF DECEASED (Type or Print): (First) Dominico (Middle) (Last) Sabbatini

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 29, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Divino Sabbatini

14. MOTHER'S MAIDEN NAME: Caterina Cataldi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Catherine Ambrogi (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular disease	Known 3 years
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at died few minutes before my arrival 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George D. Ludwig M.D. 8016 Georgetown Rd. 18 Mar. 1949

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: 3/21/49 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 3-20-49 — REGISTRAR'S SIGNATURE: V.E. Jones

24. FUNERAL DIRECTOR: Robert R. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02870

Reg. Dist. No. 4-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville RFD 1
STREET ADDRESS (If rural give location): Riggs Road

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) E. (Last) Schaefer

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15, 1884

9. AGE last birthday: 64 yrs. — If under 1 year: Months 8 Days 20 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Montgomery

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Keene

14. MOTHER'S MAIDEN NAME: Sarah Ertter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Raymond F. Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Recurrent & Metastatic Carcinoma — Interval Between Onset and Death: about

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

50 (b) of Rt. Breast to superior mediastinum, — 8 months

producing obstruction to Superior Vena Cava.

(c) Carcinoma of Rt. Breast about 12 yrs. ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 9, 1948 to March 7, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard H. Meredith M.D. 1801 Eye St. N.W. WASH. 6, D. C.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: March 10, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Washington, D.C

DATE REC'D BY LOCAL REG.: Mar. 9, 1949

REGISTRAR'S SIGNATURE: Josephine M. Schaeffer

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey Inc., Silver Springs, Md.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02871

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 3422 30th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Anderson (Last) Schofield
4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-9-76
9. AGE last birthday: 73 yrs. If under 1 year: Months 0 Days 18 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SCHOFIELD, Frank
14. MOTHER'S MAIDEN NAME: HIGH, Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WWI
16. SOCIAL SECURITY NO.
17. INFORMANT: wife: Mrs. Belle Schofield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Thrombosis, Coronary~~ Hypertensive Heart Disease #258

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1949, to March 19, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE F. R. Lang (Degree or title) F. R. LANG, Captain MC USN ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 3-19-49

23. BURIAL, CREMATION, REMOVAL, (Specify): burial | DATE 3-22-49 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG 3-19-49 | REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR: Wm. Ruben Pumphrey ADDRESS 7557 Wisconsin Ave. Beth, Md.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

012872

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Gaithersburg Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, Rural
LENGTH OF STAY (in this place) 71yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Vincent (Last) Selby

4. DATE OF DEATH: (Month) Mar (Day) 10 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 19th 1877

9. AGE last birthday: 71 yrs. If under 1 year: Months 11 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: " "

11. BIRTHPLACE (State or foreign country): Gaithersburg. Md,

12. CITIZEN OF WHAT COUNTRY? U SA

13. FATHER'S NAME: John A Selby

14. MOTHER'S MAIDEN NAME: Elizabeth C. Sis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Bertha C Selby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastrointestinal Bleeding (esophageal varies?)	1 week
	(c) Cirrhosis of liver	3 years

462.1
124 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Obesity

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, ~~19~~, to March 10, 19 49, that I last saw the deceased alive on March 9, 19 49, and that death occurred at 6.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm A. Smithmeyer, M.D. ADDRESS: Rockville, Md. DATE SIGNED: 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Mar 12th/49 NAME OF CEMETERY OR CREMATORY: St, Marys LOCATION (City, town, or county) (State): Rockville. Md,

DATE REC'D BY LOCAL REG. Mar 11/49 REGISTRAR'S SIGNATURE: Alvenda G Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg Md,

RECEIVED
MAR 15 1949
BUREAU V. S

1879-3-19
71-11-21
1949-8-10
8-14-40

DEATH CERTIFICATE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ BIRTH & DEATH

Reg. Dist. No. 215 — 02873

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
US Naval Hospital, Bethesda, Md.

Length of mother's stay in County: 10 days
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State: Maryland

County: P.G.

City or town: Landover
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Grigsby Station
(If RURAL give LOCATION)

3. Name of child: SENCENBAUGH, Baby

4. Date of birth: 3-19- 1949 Hour: 6:10 A.M.

5. Sex: male | 6. Twin or triplet: -

7. No. of weeks pregnancy: 9 months

FATHER OF CHILD

8. Full name: SENCENBAUGH, Donald W.

9. Color: W-US 10. Age at time of this birth: 26 yrs.

11. Usual occupation: Navy

MOTHER OF CHILD

12. Full maiden name: GRIGSBY, Jane

13. Color: W-US 14. Age at time of this birth: 24 yrs.

15. Usual occupation: housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of: No

19. Labor: (a) Complications of: No

(b) Induced? No

20. (a) Was there an operation for delivery? YES (Yes or No)

(b) State all operations, if any: OUTLET FORCEPS.

(c) Did child die before operation? No

During operation? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes: ATELECTASIS NEONATORUM

(b) ~~Maternal causes~~: SECONDARY TO MUCUS PLUG IN TRACHEA AND BRONCHI.

922.8
1952

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: Sidney L. Arje
Sidney L. ARJE, Cdr. MC USN
(Specify if M. D., midwife, or other)

Address: USNaval Hospital, Bethesda, Md.

23. (a) turned over to (Burial, cremation or removal) (b) Date thereof: 3-19-49 (month) (day) (year)

(c) Cemetery or crematory: Pathological Dept.

24. (a) ~~Funeral director~~: Naval Medical School

(b) Address: US Naval Medical Center, Bethesda, Md.

25. (a) 3-19 (Date rec'd by registrar) (b) Mary C. Patterson (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

CHILD LIVED 35 minutes

V. S. A10

RECEIVED
MAR 26 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02874

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-near
LENGTH OF STAY (in this place) 2 years-1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital Leaverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Barrington- COUNTY R. 2.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN -Barrington- R. 2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary- (Middle) Elizabeth (Last) Simmons

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 5-1859

9. AGE last birthday: 89 yrs. If under 1 year: Months. 7 Days 23 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Providence, R. I.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert B. Little

14. MOTHER'S MAIDEN NAME: Mary Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: DeWitt C. Poole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocardial insufficiency — Interval between onset and death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 2 years.

(c) Chronic interstitial nephritis 3 years.

592
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 8, 1947, to Mch 31, 1949, that I last saw the deceased alive on Mch. 31, 1949, and that death occurred at 11- A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

McLeeler D. Huff- M.D. - 4529- Maple Ave. - Mch. 31-'49.

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: 4/1/49
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 4-1-49
REGISTRAR'S SIGNATURE: W. E. Jobes

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02875

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indianhead
STREET ADDRESS (If rural give location) 130 Cogwell Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hayward	Frank	Sinsel	3	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11/15/11	37 yrs.	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodworker	Woodwork	West Virginia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paling Otto Sinsel	Paling Minni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWII		wife: Mrs. Catherine Sinsel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Aneurysm anterior Communicating Artery (Rupture)	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

452
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Wbile at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 17, 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. C. McNERNEY, Cdr M C USN	US Naval Hospital, Bethesda, Md.	3-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	3-25-49	Bridgeport, West Virginia	Bridgeport W.Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-24-49	Mary C. Patterson	W. W. CHAMBERS	1400 Chapin St. Wash., D.C.

O.M.K.

RECEIVED
MAR 29 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02876

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norbeck Md
LENGTH OF STAY (in this place) 2 years
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS Norbeck Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville R.F.D.
STREET ADDRESS (If rural, give location) Manor Club

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Heeter (Last) Small
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 29 1880
9. AGE last birthday 69 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Montgomery Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William F. Small
14. MOTHER'S MAIDEN NAME Mary F. Heeter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Mildred McC. Allister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Cerebral Hemorrhage	4 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease with	3 years
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Norbeck (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/1/, 1946 to 3/12/, 1949, that I last saw the deceased alive on 3/11/, 1949, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE J. M. Bird (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 13 1942
NAME OF CEMETERY OR CREMATORY Rock Creek D.C.
LOCATION (City, town or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. March 14 - 49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

02877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 da. 21 hrs. 16 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 602 Monroe Street Apt. 4

3. NAME OF DECEASED (Type or Print) (First) BARRY (Middle) Glenn (Last) Smith

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3-11-49
9. AGE last birthday yrs. If under 1 year Months Days 2 If under 2 Hours 24 hrs. Min. 45 min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Oliver Lansdale Smith
14. MOTHER'S MAIDEN NAME Brenda Eliza Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.6 Immediate cause (a) Congenital heart disease
Antecedent cause(s) Pulmonary stenosis
157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1949, to March 14 1949 that I last saw the deceased alive on March 13, 1949 and that death occurred at 12:58 A.m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum, M.D. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 3/14/49.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3-14-49 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) Bethesda, Md. (State)

DATE REC'D BY LOCAL REG. 3-14-49 REGISTRAR'S SIGNATURE N. E. Jobes
24. FUNERAL DIRECTOR A. B. Solon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02878

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montg Co, Derwood (Gaithersburg) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Eseline	Smith	3	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Aug 15/1873	75 yrs.	7	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House W8fe
10b. KIND OF BUSINESS OR INDUSTRY: " "
11. BIRTHPLACE (State or foreign country): Culpepper. Va, U S A
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jeffries
14. MOTHER'S MAIDEN NAME: Mary J Hitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Olive J Colon. (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

585 Immediate cause (a) cholecystitis

Antecedent cause(s)

1270 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
—			m.			—

22. I hereby certify that I attended the deceased from Mar 2, 1949, to March 19 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Gaithersburg Md. Mar. 21, 1949

23. BURIAL, CREMATION, REMOVAL	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/ 22/49	Fort Lincoln	Bladensburg Rd, Md,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 21-49	Linda L Cooke	Ernest C, Gartner,	Gaithersburg Md.

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02879

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 11 MAR 11 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Gaithersburg, Montg, Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, LENGTH OF STAY (in this place) 1 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Methodist Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg,

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg,

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Jackson (Last) Spindle

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH May 6th 1862

9. AGE last birthday ~~87~~ 86 yrs. If under 1 year Months 9 - Days ~~28~~ 30 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY " "

11. BIRTHPLACE (State or foreign country) Stafford Co, Va,

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Tolson,

14. MOTHER'S MAIDEN NAME Ann E Hickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Heart failure	10-15 minutes
	Antecedent cause(s)		
95c	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dilated heart	6-8 years
		(c) High arterial tension	8-10- "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from —, 1948, to Feb 3, 1949, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William C Miller - 7 - Brooks Ave, Gaithersburg Md 3/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar, 5th/49

NAME OF CEMETERY OR CREMATORY Remington

LOCATION (City, town, or county) (State) Remington. Va,

DATE REC'D BY LOCAL REG. Mar 4, 1949

REGISTRAR'S SIGNATURE Alveda G Cooke

24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02880

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 15 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 32 "N" St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Lieutenant (Middle) Fred (Last) STANFORD
4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1949

5. SEX: male
6. COLOR OR RACE: Col US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-8-22
9. AGE last birthday: 27 yrs. If under 1 year: Months 1 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Capitol Police
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: STANFORD, Suedelis
14. MOTHER'S MAIDEN NAME: BOOME, Suggelis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: wife: Mrs. Maude Stanford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

550.1 Immediate cause (a) Generalized Peritonitis — 60 hrs +

121 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforated Appendicitis — 60 hrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1949, to March 29, 1949, that I last saw the deceased alive on March 29, 1949, and that death occurred at 5:55 A. m., from the causes and on the date stated above.

SIGNATURE J. M. Hanner (Degree or title) J. M. HANNER, Cdr. MC USN. ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 3-29-49

23. BURIAL, CREMATION REMOVAL (Specify): removal
DATE THEREOF: 3-29-49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG. 3-29-49
REGISTRAR'S SIGNATURE Mary E. Patterson
24. FUNERAL DIRECTOR: W. E. Jarvis. ADDRESS 1432 U St., N.W., Wash., DC

J.M.H.

RECEIVED
MAR 30 1949
BUREAU V. S.

02881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 136 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital	STREET ADDRESS (If rural give location) 1342 Sumerset Place N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Mr. Jack (Middle) (Last) Stein			4. DATE OF DEATH (Month) March (Day) 3 (Year) 1949			
5. SEX Male	6. COLOR OR RACE Jewish	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 5-15-89	9. AGE last birthday 60 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Prop. Clothing Store		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? America	
13. FATHER'S NAME Edward Stein			14. MOTHER'S MAIDEN NAME Rachel May			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Hospital Record			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

454 Immediate cause (a) Left Pulmonary Abscess — 2 wks

Antecedent cause(s) (b) Multiple Pulmonary emboli causing infarction & pneumonia — 3 months

195e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) from Right femoral thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured lumbar fourth vertebrae 4 mos. Hypertensive Cardiovascular disease — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1948, to 3-3, 1949, that I last saw the deceased alive on 3-3, 1949, and that death occurred at 4:35P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
De Voe K. Meade M.D.		504 Tulip Ave. Takoma Park, Md	3-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-4-49	NAME OF CEMETERY OR CREMATORY United Hebrew	LOCATION (City, town, or county) Balto	(State) Md
DATE REC'D BY LOCAL REG. 3/4/49	REGISTRAR'S SIGNATURE A. W. Hedrick WH	24. FUNERAL DIRECTOR Jack Lewis Inc	ADDRESS 2100 Eutaw Pl	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02882

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 15 hrs, 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9301 Ocala Street

3. NAME OF DECEASED (Type or Print) (First) ADELE JOHANNA (Middle) (Last) ~~Unnamed girl~~ Street

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White Amer
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 12, 49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 15 Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Chauncey Gaylord Street
14. MOTHER'S MAIDEN NAME Adele De Carlo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mothers chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

773.5 Immediate cause (a) Respiratory Paralysis — 1 hr.

Antecedent cause(s) (b) Prematurity — 14 hrs.

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1949, to 3-12, 1949, that I last saw the deceased alive on 3-12, 1949, and that death occurred at 6 45 P m., from the causes and on the date stated above.

SIGNATURE L B Snow M.D. (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 3-13-49

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify) DATE 3-14-49 NAME OF CEMETERY OR CREMATORY Washington Sanitarium Hospital LOCATION (City, town, or county) Takoma Park, Montgomery, Md. (State)

DATE REC'D BY LOCAL REG. 3/14/49. REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR ADDRESS

Written permission received from parent William H Hyatt, Medical Record Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02883

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 7hrs 8 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural give location) 9301 Ocala Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS MICHAEL (Middle) Unnamed Boy (Last) Street

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White, Amer

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 12, '49

9. AGE last birthday yrs.; If under 1 year Months Days; If under 24 hrs. Hours Min. 7hrs 8 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. America

13. FATHER'S NAME: Chauncey Gaylord Street

14. MOTHER'S MAIDEN NAME: Adele DeCarlo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mothers Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7795 Immediate cause (a) Respiratory Paralysis — Interval between onset and death: 1 hr.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity — 6 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1949, to 3-12, 1949, that I last saw the deceased alive on 3-12, 1949, and that death occurred at 10 45 A m., from the causes and on the date stated above.

SIGNATURE L B Snow (Degree or title) M.D. ADDRESS Silver Spring, Md. DATE SIGNED 3-12-49

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify) DATE 3-14-49 NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hospital LOCATION (City, town, or county) (State) Takoma Park, Montgomery, Md.

DATE REC'D BY LOCAL REG. 3/14/49 REGISTRAR'S SIGNATURE William Dodd

24. FUNERAL DIRECTOR ADDRESS

Written permission received from parent William A Hyatt Medical Record Librarian

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02884

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dist
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural give location) 14 Arcola Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anne	Struckman	Stutler	March	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	W-US	married	3-18-17	32 yrs.	0	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: STRUCKMAN, Herman
14. MOTHER'S MAIDEN NAME: TORGELSON, Gwinella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: husband: Lt. JG David Ray Stutler, USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465 Immediate cause (a) Thrombosis of both lungs — Interval between onset and death: Suddenly

Antecedent cause(s)

111a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Deputy Medical Examiner Case, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Broschart M.D.
Frank J. Broschart, Deputy Medical Examiner, Gathersburg, Md. 3-31-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	3-31-49		Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-49	Mary A. Patterson	Pumphrey, R.A.,	7557 Wisconsin Ave Bethesda

CBC

RECEIVED
APR 4 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02885

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND LENGTH OF STAY (in this place) Since 3/6/49; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset; STREET ADDRESS (If rural give location) 327 Essex Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rebecca	SHANKS	Swigart	March	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	widowed	6-24-1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	None	Philadelphia, Penn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Daw	Melila Pole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Acute myocardial decompensation	48 hours
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Criterion myocardial infarction and coronary thrombosis. Advanced coronary sclerosis	21 days
		(c) Bilateral polycystic kidneys. Pulmonary embolism	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15 March, 1949, to 25 March, 1949, that I last saw the deceased alive on 25 March, 1949, and that death occurred at 1 (M) m., from the causes and on the date stated above.

SIGNATURE Stewart Lebaff (Degree or title) M.D. ADDRESS 3921 Ingomar St. Wash. D.C. DATE SIGNED 3-26-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/49	Oak Hill	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-26-49	W.E. Jobes.	Cheny Chase Funeral Home	

RECEIVED
MAR 30 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02886

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Son's Home RFD- Rockville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 113 W. Montg. Ave.

3. NAME OF DECEASED (Type or Print): (First) Stella (Middle) Eagle (Last) Thomas
4. DATE OF DEATH: (Month) March (Day) 31, (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 5, 1868
9. AGE last birthday: 80 yrs. If under 1 year: Months 5 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Adamstown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lycurgus Eagle
14. MOTHER'S MAIDEN NAME: Sallie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Katherine G. Thomas (daughter-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart Failure. — Interval Between Onset and Death: 2 weeks.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive heart disease. — 5 years

(c) Essential hypertension & nephrosclerosis — 10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Azotemia - & Anuria -

442
1310

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Spring, 1940, to March 13, 1949, that I last saw the deceased alive on March 31, 1949, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE: William Webb (Degree or title) M.D. ADDRESS: Rockville, Maryland DATE SIGNED: 3/31/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 2, 1949
NAME OF CEMETERY OR CREMATORY: Rockville Union
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 4-2-49
REGISTRAR'S SIGNATURE: E. R. Thompson
24. FUNERAL DIRECTOR: Robert A. Pennybacker ADDRESS: Bethesda, Md.

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02887

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital, Bethesda, Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural, give location): 1011½ Lamont St., NW., W ✓

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (n) (Last) Thomas

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-18-97

9. AGE last birthday: 51 yrs. If under 1 year: Months 3 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Rebecca Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Lillian Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Congestion & edema — 332

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 334

(b) Cerebellar infarct

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1949, to March 26, 1949, that I last saw the deceased alive on March 26, 1949, and that death occurred at 9:33 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wade H. Boswell
Wade H. BOSWELL, Lt. MSC USN, US Naval Hospital, Bethesda, Md. 3-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-30-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-26-49	Mary G. Patterson	John T. Rhines 3rd & I Sts. Wash., D.C.	

J. A. G.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02888

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md.
STREET ADDRESS (If rural give location): 1506 Highland Drive

3. NAME OF DECEASED (Type or Print): (First) Elizabeth Ashfield Walker (Middle) (Last) Todd

4. DATE OF DEATH: (Month) Mar. (Day) 2, (Year) 1949

5. SEX: female

6. COLOR OR RACE: wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widlwed

8. DATE OF BIRTH: Jan. 23, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 1 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Redford W. Walker

14. MOTHER'S MAIDEN NAME: Phebe A. Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: no

17. INFORMANT: Blanche W. Litsinger - sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 12 hrs.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yrs.

(c) Cerebral Hemorrhage — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1941, to Mar 2 1949, that I last saw the deceased alive on Feb 27, 1949, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hill Carter, M.D. ADDRESS: 1835 Eye St NW DATE SIGNED: 3-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 4, 1949 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. Mar. 4, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Schaeffe — 24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc Silver Spring, Md

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02889

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) &
LENGTH OF STAY (in this place): 2 mons. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 648 F St., S. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Caesar	John	TONON	March	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	W-US	widowed	1-16-91	58 yrs.	2	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown		Pennsylvania	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TONON, Baggia,	MARCOMA, Angliana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWI		daughter: Mrs. Agnes R. Belasco

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Arrythmia, Auricular Fibrillation #2 — 7 hours

Antecedent cause(s) 421.1 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92a

(b) Valvular Heart Disease

(c) Aortic Stenosis #1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 13, 1948, to March 19 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Flynn
JOHN W. FLYNN, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 3-20-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3-23-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-20-49	Mary C. Patterson Mary C. Patterson	W. W. CHAMBERS,	517 11th St., S.E. Wash., D.C.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02890

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 3 mons. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Penna. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Butler
STREET ADDRESS (If rural give location): 243 W. Brady Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wayne	Robinson	VARNUM	March	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	W-US	single	1-10-13	36 yrs.	1	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Varnum
14. MOTHER'S MAIDEN NAME: Robinson, Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mother: Mrs. Bertha R. Varnum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia	1 week
Antecedent cause(s)		
178 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma	1 year
51C	(c) Testis - carcinoma of testicle	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?
m.		

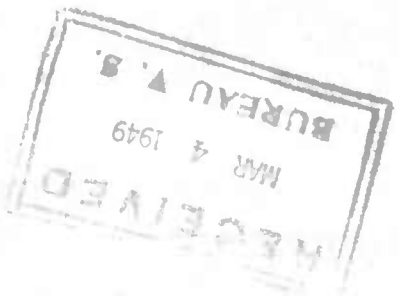
22. I hereby certify that I attended the deceased from Nov. 11, 1948, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 12:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. J. POPE, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 3-1-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3- -49	Rose Hill	Butler, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-1-49	Mary C. Patterson	Robert A. Pumphrey, 7557 Wis. Ave., Bethesda, Md.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MAR 4 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON!

FILE No. G 119 MAR 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02891

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Silver Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Convalescent Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7105 Overhill Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME ALOYSIUS WENGER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife Frances Adele

6.(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) April 3, 1864

8. AGE: Years	Months	Days	If less than one day
~~85~~ 84	11	4	hrs. min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual occupation Retired-Govt. State Dept.

11. Industry or business

FATHER
12. Name Alexander Wenger
13. Birthplace Switzerland

MOTHER
14. Maiden name Elizabeth Berchtold
15. Birthplace Switzerland

16. Informant Mrs. P. A. Wenger-wife

Address 7105 Overhill Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/49 (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery

Location Washington, D. C.

18. Funeral director Robert A. Pumphrey

Address 7557 Wisconsin Ave. Bethesda, Md.

19. 3-8-49 19 (Date rec'd by registrar) W. E. Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1949 at 7.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1948, to March 7 1949 and that I last saw him alive on March 6 1949

Immediate cause of death Acute myocarditis

Due to Senility

Due to 431 932

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry M. Lowden M.D. M. D. or other

Address 1603 19th N.W. Washington, D.C. Date signed 3-7-49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02892

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) 18 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4110 Warner St.	STREET ADDRESS (If rural give location) 4110 Warner St.

3. NAME OF DECEASED (Type or Print)	(First) Daniel	(Middle) Leroy	(Last) West	4. DATE OF DEATH	(Month) MARCH (Day) 5 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 21 Nov. 1900	9. AGE last birthday 48 yrs.	If under 1 year Months 3 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Indust. School	11. BIRTHPLACE (State or foreign country) Summerville, S. Carolina	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW 1&11	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Dorothy B. West (wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 94a

Immediate cause (a) Coronary occlusion — Found dead in bed

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dep Med Exam case, 19..., to ..., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Broschart M.D. Dep Med. Exam. — ADDRESS Gaithersburg Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/8/49	NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL	LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 3-7-49	REGISTRAR'S SIGNATURE W. S. Jobb	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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MAR 9 1949
BUREAU V. S.

02893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 716

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (in this place) 38 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural give location) 7808 Rayburn Rd.

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) F. (Last) Wilcoxon

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 30 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Topographical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Geol. Survey Dept of Interior

11. BIRTHPLACE (State or foreign country): Newark Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H Wilcoxon

14. MOTHER'S MAIDEN NAME: Ella Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Almeda Wilcoxon (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Instant
Antecedent cause(s) 420.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Coronary Thrombosis	3 Day.
	(c) Arteriosclerotic heart disease	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Auricular fibrillation with decompensation	10 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to 3/19, 1949, that I last saw the deceased alive on 3/19, 1949, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bruce F. Benjamin M.D. | Bethesda, 14, Md | 3/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/23/49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-22-49 | REGISTRAR'S SIGNATURE H E Jobes | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

RECEIVED
MAR 23 1949
BUREAU V. S.

02894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Lester (Middle): Warner (Last): Wims Jr.
4. DATE OF DEATH (Month): March (Day): 27 (Year): 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 26, 1949
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 18 / Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Olney, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lester Warner Wims
14. MOTHER'S MAIDEN NAME: Carolyn Genus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis of Newborn — 18 hrs.

762.0 Antecedent cause(s)

161 ~ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1949, to March 27, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 4:02 A.m., from the causes and on the date stated above.

SIGNATURE: Ralph L. Nicholson, M.D. (Degree or title) — ADDRESS: Damascus, Maryland — DATE SIGNED: 3/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-28-1949 — NAME OF CEMETERY OR CREMATORY: Rockyhill — LOCATION (City, town, or county) (State): Mt. Clarksburg Montg. Md.

DATE REC'D BY LOCAL REG.: March 30-49 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: W. L. Burdette — ADDRESS: Hyattstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02895

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Montgomery · STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda · LENGTH OF STAY (in this Place) 2 days 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) (Last) Overdorfer

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 19 9

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb. 24 1897

9. AGE last birthday 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeps house

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Indiana Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME August Overdorfer

14. MOTHER'S MAIDEN NAME Augusta Salman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Mildred Overdorfer (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia and Cardiac Failure	1 wk
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C. V. Renal disease	unknown.
	(c) Fibrillation	1 wk.

442

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22 19 49 to March 25 19 49, that I last saw the deceased alive on March 25 19 49, and that death occurred at 12:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank A. Zack M.D. 8248 Ga Ave. Silver Spring Md 3-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Shipment & burial

DATE 3/26/49

NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

LOCATION (City, town, or county) (State) Indianapolis, Indiana

DATE REC'D BY LOCAL REG. 4-2-49

REGISTRAR'S SIGNATURE W. E. Jobes

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey Silver Spring, Md.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

02896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (In this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) Colesville Pike

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Woodward
4. DATE OF DEATH (Month) Mar (Day) 16 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 7, 1867
9. AGE last birthday 81 yrs. If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Spencerville Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Amos Spence
14. MOTHER'S MAIDEN NAME Eveline Bigel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT R Melvin Woodward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Chronic Myocarditis	4 weeks
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterio Sclerosis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 3/1/, 1948, to 3/16/, 1949, that I last saw the deceased alive on 3/16/, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE J W Bird (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 3/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 19, 1949
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Burtonsville (State) Md

DATE REC'D BY LOCAL REG. Mar 18-49
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Pike Witt Donaldson Laurel Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02897

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mon. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Solomons
STREET ADDRESS (If rural give location): Quarters M "1" ✓

3. NAME OF DECEASED (Type or Print): (First) Vicki (Middle) Evelyn (Last) WOODWORTH

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1949

5. SEX: female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-7-48

9. AGE last birthday: yrs. If under 1 year: Months 3 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: WOODWORTH, Robert PRESTON

14. MOTHER'S MAIDEN NAME: THOMAS, Frances Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: father: Ensign Robert P. Woodworth, CEC USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

211 Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

562 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibrocystic Disease of Pancreas

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1949, to March 23 1949, that I last saw the deceased alive on March 23 1949, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Andrew M. Margiletti M.D.
Andrew M. MARGILETTI, Lt. (jg) MC USN. US Naval Hospital, Bethesda, Md. 3-23-49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: 3-28-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 3-23-49
REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers, 1400 Chapin St., N.W., Washington, D.C.

F.F.M.S.

RECEIVED
MAR 29 1949
BUREAU V. S.